



Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

AF  
1PW

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>Application Number</b>	10/560,770		
	<b>Filing Date</b>	June 7, 2006	
	<b>First Named Inventor</b>	Itaru Tanimura, Thomas M. Callaghan	
	<b>Group Art Unit</b>	4143	
	<b>Examiner Name</b>	Uber, Nathan C.	
<b>Total Number of Pages in This Submission</b>	18	<b>Attorney Docket Number</b>	352738.00800

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Return Postcard</b>
<b>Remarks</b>		

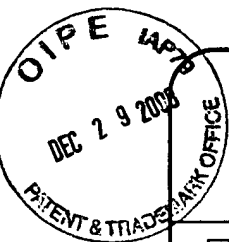
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual name</b>	Doyle B. Johnson (Reg. No. 39,240) Reed Smith LLP
<b>Signature</b>	
<b>Date</b>	December 22, 2008

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313, on this date: <b>December 22, 2008</b>			
<b>Typed or printed name</b>	Norma E. Gillespie		
<b>Signature</b>		<b>Date</b>	December 22, 2008

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

## Complete If Known

Application Number	10/560,770
Filing Date	June 7, 2006
First Named Inventor	Itaru Tanimura; Thomas M. Callaghan
Examiner Name	Uber, Nathan C.
Art Unit	4143
Attorney Docket No.	352738.00800

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>	
<input checked="" type="checkbox"/> Deposit Account:		<b>Large Entity    Small Entity</b>	
Deposit Account Number	50-2603	Fee Code	Fee (\$)
Deposit Account Name	REED SMITH LLP	1051	130
<b>The Director is authorized to: (check all that apply)</b>		1052	50
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		1053	130
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		1812	2,520
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1804	920*
		1805	1,840*
		1251	120
		1252	450
		1253	1020
		1254	1,590
		1255	2,160
		1401	500
		1402	500
		1403	1,000
		1451	1,510
		1452	500
		1453	1,500
		1501	1,400
		1502	800
		1503	1,100
		1460	130
		1807	50
		1806	180
		8021	40
		1809	790
		1810	790
		1801	790
		1802	900
		Other fee (specify) _____	
		<b>Reduced by Basic Filing Fee Paid    SUBTOTAL (3) (\$).</b>	

<b>1. BASIC FILING FEE</b>	
Large Entity	Small Entity
Fee Code	Fee (\$)
1001	790
1002	350
1003	550
1004	790
1005	200
SUBTOTAL (1) (\$)	

<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>	
Total Claims	19
Independent Claims	2
Multiple Dependent	
SUBTOTAL (2) 0.	

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Doyle B. Johnson	Registration No. (Attorney/Agent)	39,240
Signature		Telephone	415-659-5969
		Date	December 22, 2008

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option

US\_ACTIVE-100948548.1



Attorney Docket No. 352738.00800

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Itaru Tanimura, et al.

Serial No. 10/560,770

Filed: June 7, 2006

Title: *Apparatus and Method for Assisting Marketing*

Group Art Unit: 4143

Examiner: Uber, Nathan C.

---

**AMENDMENT AFTER FINAL OFFICE ACTION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a Response to the pending final Office Action for filing in the above-identified patent application.

A listing of the **Claims** is reflected on pages 2 – 12 of this paper.

**Remarks** are reflected on page 13 of this paper.